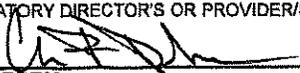


RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR01507	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/04/2024
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NAME OF PROVIDER OR SUPPLIER BLenheim NEWPORT	STREET ADDRESS, CITY, STATE, ZIP CODE 303 VALLEY ROAD MIDDLETOWN, RI 02842
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 003	Initial Comments An unannounced complaint/incident investigation survey was conducted on 9/4/2024 at this residence. A deficiency was identified as a result of this survey.	S 003	The filing of this plan of correction does not constitute an admission regarding the alleged findings, deficiencies, or violations. This plan of correction is filed in the compliance with applicable law and demonstrates the community's continuing commitment to quality care.	
S 155	<p>Organization And Management 2.4.12.C(1-3) Administrative Management</p> <p>2.4.12 Administrative Management (C)(1-3)</p> <p>C. Pursuant to R.I. Gen. Laws § 23-17.4-15.1.1, each assisted living residence shall have an administrator who is certified by the Department in accordance with regulations established pursuant to R.I. Gen. Laws § 23-17.4-21.1, in charge of the maintenance and operation of the residence and the services to the residents. The name and contact information for the current administrator shall be displayed in a conspicuous public area of the residence. The administrator is responsible for the safe and proper operation of the residence at all times by competent and appropriate employee(s) and shall be responsible for no less than the following:</p> <ol style="list-style-type: none"> 1. The management and operation of the residence and services to the residents; 2. Compliance with federal, state, and local laws and rules and regulations pertaining to, but not limited to: the management and operation of assisted living residences, fire, safety, zoning, building codes, sanitation, food service, communicable and reportable diseases, Americans with Disabilities Act, employee health and safety, other relevant health and safety requirements, and these regulations. 	S 155	<p>S 155</p> <p>Resident ID's #1,2,3,4,5,6,7,8,9,10,11,12 had their physician orders reviewed and continue with PRN as clinically indicated.</p> <p>The community is currently in the background process of an additional 11pm-7am CMT and will continue to recruit additional CMT's as needed for compliance of 24/7 staffing. The community will continue with 24/7 On-Call Nurse coverage.</p> <p>Community wide audit of PRN medications completed to ensure no other Residents effected.</p> <p>Ongoing 10% of resident PRN medications audit to be completed once a month x 3 months. All findings will be brought to quarterly QA committee meeting for interdisciplinary team review and follow up actions as indicated.</p> <div data-bbox="1006 1543 1299 1711" style="border: 1px solid black; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p>NOV 11 2024</p> </div>	Completion date 12/31/24

Facilities Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	FACILITIES REGULATION TITLE Executive Director	(X6) DATE 11/11/24
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NAME OF PROVIDER OR SUPPLIER BLenheim NEWPORT	STREET ADDRESS, CITY, STATE, ZIP CODE 303 VALLEY ROAD MIDDLETOWN, RI 02842
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S 155	<p>Continued From page 1</p> <p>3. Staffing the residence with adequate and qualified personnel to attend to the food preparation, general housekeeping, assistance with personal care, medication administration, if applicable, and other such services;</p> <p>This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined the residence failed to provide qualified staff to administer PRN (as needed) medications on the 11:00 PM - 7:00 AM shift on multiple dates for 12 of 20 residents who reside on the secured memory unit, Resident ID #s 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, and 12.</p> <p>Findings are as follows:</p> <p>A community reported complaint to the Rhode Island Department of Health dated 8/26/2024 alleges that the residence did not have a Certified Medication Technician (CMT) overnight or a nurse to administer medications to residents.</p> <p>Review of the staff schedule from 8/18/2024 - 8/24/2024, reveals that on 8/18/2024, and 8/21/2024 - 9/3/2024 there is an on-call CMT from 11:00 PM - 7:00 AM.</p> <p>During a surveyor interview on 9/4/2024 at 11:58 AM with Staff A, Resident Care Associate (RCA), she revealed that a CMT is scheduled "on-call" if they are not in the building.</p> <p>1. The resident identified in the complaint, Resident ID #1, requested Tylenol due to pain on 8/21/2024; however there was no licensed staff to administer the medication from 11:00 PM - 7:00AM.</p>	S 155		

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NAME OF PROVIDER OR SUPPLIER BLLENHEIM NEWPORT	STREET ADDRESS, CITY, STATE, ZIP CODE 303 VALLEY ROAD MIDDLETOWN, RI 02842
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S 155	<p>Continued From page 2</p> <p>Review of the progress note dated 8/21/2024 reveals that the resident had a tooth pulled earlier that day.</p> <p>Resident ID #1's August and September electronic medication administration record (MAR) revealed the following prescribed PRN medications:</p> <ul style="list-style-type: none"> - "Acetaminophen [given for pain or discomfort] 325 MG [milligrams] tablet. Take 3 tablets by mouth three times daily as needed" - Sarna apply topically once daily as needed for rash flare up <p>2. Resident ID #2's August and September MAR revealed the following prescribed PRN medications:</p> <ul style="list-style-type: none"> - Acetaminophen every 6 hours for pain - Artificial tear drops three times daily for dry eyes - Milk of Magnesia suspension daily for constipation - Quetiapine Fumarate daily for mood <p>3. Resident ID #3's August and September MAR revealed the following prescribed PRN medications:</p> <ul style="list-style-type: none"> - Fluticasone proprionate every 24 hours for allergies - Milk of Magnesia suspension daily for constipation or GI distress <p>4. Resident ID #4 August and September MAR revealed the following prescribed PRN medications:</p> <ul style="list-style-type: none"> - Acetaminophen three times per day for pain - Calamine lotion apply to the affected area twice 	S 155		

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S 155	<p>Continued From page 3</p> <p>daily</p> <ul style="list-style-type: none"> -Fluticasone proprionate daily -Polyethylene Glycol daily for constipation -Quetiapine Fumarate twice daily -Trazodone three times a day for agitation <p>5. Resident ID #5 August and September MAR revealed the following prescribed PRN medications:</p> <ul style="list-style-type: none"> -Acetaminophen every 4 hours for mild pain or fever -Acetaminophen suppository every 6 hours for mild pain or fever -Bisacodyl suppository daily for constipation -Calcium antacid tab every 4 hours for heartburn -Polyethylene glycol once daily for constipation -Prochlorperazine every six hours for nausea and vomiting -Lorazepam (this medication is used to treat anxiety or agitation) every six hours <p>6. Resident ID #6 August and September MAR revealed the following prescribed PRN medications:</p> <ul style="list-style-type: none"> -Acetaminophen every 6 hours for pain -Artificial tear drops every 1 hour for dryness -Calcium antacid tab 2 times a day for stomach upset -Docusate sodium tab daily for constipation -Milk of Magnesia daily for constipation <p>7. Resident ID #7 August and September MAR revealed the following prescribed PRN medications:</p> <ul style="list-style-type: none"> -Acetaminophen every 4 hours for pain -Diltiazem every 12 hours for HR (heart rate) > 160 	S 155		

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S 155	<p>Continued From page 4</p> <p>8. Resident ID #8 August and September MAR revealed the following prescribed PRN medications: -Banophen every 8 hours for itch -Cetirizine HCL (T) daily for allergies</p> <p>9. Resident ID #9 August and September MAR revealed the following prescribed PRN medications: -Meloxicam daily for pain -Polyethylene glycol once daily for constipation -Senna Plus Tablet for constipation</p> <p>10. Resident ID #10 August and September MAR revealed the following prescribed PRN medications: -CeraVe anti-itch cream daily -Dermend bruise formula cream twice daily on arms and legs -Triamcinolone Acetonide cream twice daily for flare ups -Trazodone in the morning and at bedtime for anxiety and agitation</p> <p>11. Resident ID #11 August and September MAR revealed the following prescribed PRN medications: -Arnicare gel to lower back twice a day for pain -Lidocaine cream three times daily for pain -Tramadol HCL (an opioid medication used to treat moderate to severe pain) take by mouth three times daily for pain.</p> <p>12. Resident ID #12 August and September MAR revealed the following prescribed PRN medications:</p>	S 155		

RI Department of Health

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S 155	<p>Continued From page 5</p> <p>-Acetaminophen every 4 hours for pain -Polyethylene glycol once daily for constipation</p> <p>During a surveyor interview with the Resident Care Director (RCD) at 2:02 PM, she revealed she was made aware on 8/21/2024 at 2:43 AM that Resident ID #1 wanted Tylenol because s/he had difficulty sleeping due to pain. She indicated that after staff called the on-call CMT to come in and did not get a response from her they then called the RCD. The RCD indicated that she also tried to call the on-call CMT. She acknowledged the resident did not receive the requested medication for pain.</p> <p>During a surveyor interview at 2:30 PM with the Executive Director, he was unable to provide evidence that the residence was staffed with the appropriate licensed staff to meet the resident's needs.</p>	S 155		